

Repairs and servicing

Individual Tax Checklist

☐ In office meeting ☐ online (Client portal)				
	your last year's tax return which we require in order to prep y items which are not applicable to your circumstances.	are y	our/	
Year ended: 30 th June 2020				
PERSONAL DETAILS Please advise	of any changes to your personal details			
Name:				
Address:				
Phone:				
Email:				
Occupation:				
Spouse:				
Children:				
INCOME		YES	ON	N/A
Please note: Pre-fill information come:	s from:			
 employers (JobKeeper paymen filled in your tax return) 	nts are included in your income statement and will be pre-			
• organisations such as banks, health funds and government agencies (Centrelink - JobSeeker)				
 records you have uploaded on the ATO app's myDeductions tool 				1
your previous tax returns and or	current tax account status.			j
Payment Summaries:				
Copies of all annual PAYG payr	nent summaries			Ī
Other income:				
Details of any other income, including business income during the year				
DEDUCTIONS		YES	ON	N/A
Motor vehicle expenses -				
Logbook business percenta Details of all expenses ince				1
Details of all expenses incFuel	urrea matading:-			ı
Registration and insura				ı
Interest on finance, or	if new car, copy of finance agreement or loan statements	1	.	

Other work related deductions				
•	Work related travel			
•	Union fees and subscriptions			
•	Training courses, seminars or self-education			
•	Business use of mobile, home phone or internet: costs and business percentage			
•	Uniform, protective clothing, laundry and dry cleaning			
•	Home office expenses - including estimate of number of hours worked at home			
•	Working from home during COVID-19			
	Electricity Bill			
	Phone Bill			
	Internet Bill			
	Any receipts relating to working from home (consumables and stationery)			
Other deductions				
Any other details relating to tax deductible expenses incurred during the year				
OTHER		YES	ON	N/A
		>	Z	Z
•	We have below mentioned Bank account details of your nominated bank account at present for refund purpose. Please correct the same if required			
	, ,			
	BSB:			
	ACCT NAME:			
	Financial Institution Name:			

Please return prior to your appointment to enquiries@bmwca.com.au along with your receipts.